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FRANK PARSONS NORBURY, M. D. AND THOS. A. HOPKINS, M. D.

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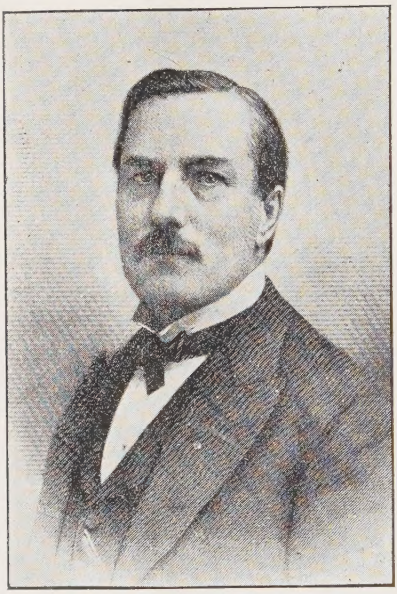
Editorial Department.

Appointment of Dr. Carriel

DR. H. B. CARRIEL, acting superintendent of the Bartonville (Illinois) State Hospital for the Insane, has been appointed by Governor Yates as Superintendent of the Illinois Central Hospital for the Insane at Jacksonville. Dr. Carriel is the oldest son of Dr. Henry F. Carriel, who for more than twenty-five years was the efficient and thoroughly practical superintendent of this institution, and who retired in 1893, leaving behind him a record unequaled by any superintendent before or since his time. Dr. H. B. Carriel is of this type of trained men, having been born into the work in New Jersey, where his father was assistant on the staff of the Trenton Hospital for the Insane, and later coming to Illinois to the Central Hospital, where he saw this institution develop under the wise administration of his father. Dr. Carriel is a graduate of Illinois College (class of '85), of the Chicago Medical College (class of '88); he saw service in Mercy Hospital, Chicago, for a year, and then did post-graduate work for a year in Germany. After a few years in general practice he became first assistant physician in the Illinois Central Hospital for Insane, and later acting superintendent of the Bartonville Hospital, and now he becomes superintendent of the Central, taking up the work with the record of his father to urge him to his best endeavors. Besides the enviable record of his father, Dr. Carriel also has that of his grandfather, Dr. Henry Buttolph, who for many years was superintendent of the New Jersey Hospital for the Insane, and one of the most distinguished alienists of his time. With the family traditions and records to give inspiration, and the natural qualifications of Dr. H. B. Carriel, we predict for him an honorable, thorough and just record as a superintendent. We congratulate Dr. Carriel, the Governor of Illinois, the cause of State charities and the medical profession of the State upon this appointment.

F. P. N.



FRANK BILLINGS, M. D.

CHICAGO,

President-elect American Medical Association

Several years ago the Medical Fortnightly made an earnest plea for the selection of a President for the American Medical Association from the ranks of the internalists in medicine, claiming that according to list of presidents, fully two-thirds of the men so honored have been surgeons. Not that we disapproved of the surgeons serving in this capacity, but rather that the honors should be divided, that the internalists should have a place among the ones chosen to fill this the most exalted position in the American profession. It is fitting, therefore, for us to rejoice in the selection of Dr. Frank Billings, of Chicago, as the standard bearer for 1902-1903, who is one of the most typical representatives of the internalists of America. Dr. Billings as a practitioner and consultant in practical medicine is one of the leaders of the great Northwest, and as a teacher and friend of the medical student, one who stands among the foremost in America. We congratulate the American Medical Association, the practitioners of internal medicine and Dr. Billings personally on his election to this honorable position. It is needless to say, to which every one who knows Dr. Billings will say amen, that as a true follower of all of the honorable tenets of medicine, the best that is proclaimed in professional ideals, and a firm and conscientious believer in American institutions, American practices and beliefs, Dr. Billings is a leader—a pace-maker and a true gentleman.

Frank Billings, M. D., President American Medical Association.

Through his earnest endeavors as a practitioner and teacher in medicine, the great city of Chicago has made gigantic strides towards becoming the leading medical educational center on the Western continent. Dr. Billings deserves all of the honors which have fallen to his lot within recent years, because he has made for himself the opportunities which made possible their bestowment. He is a "Captain of Industry" in the ranks of medicine; a self-made, conscientious worker, and one whom the West in particular and America in general "delights to honor." F. P. N.

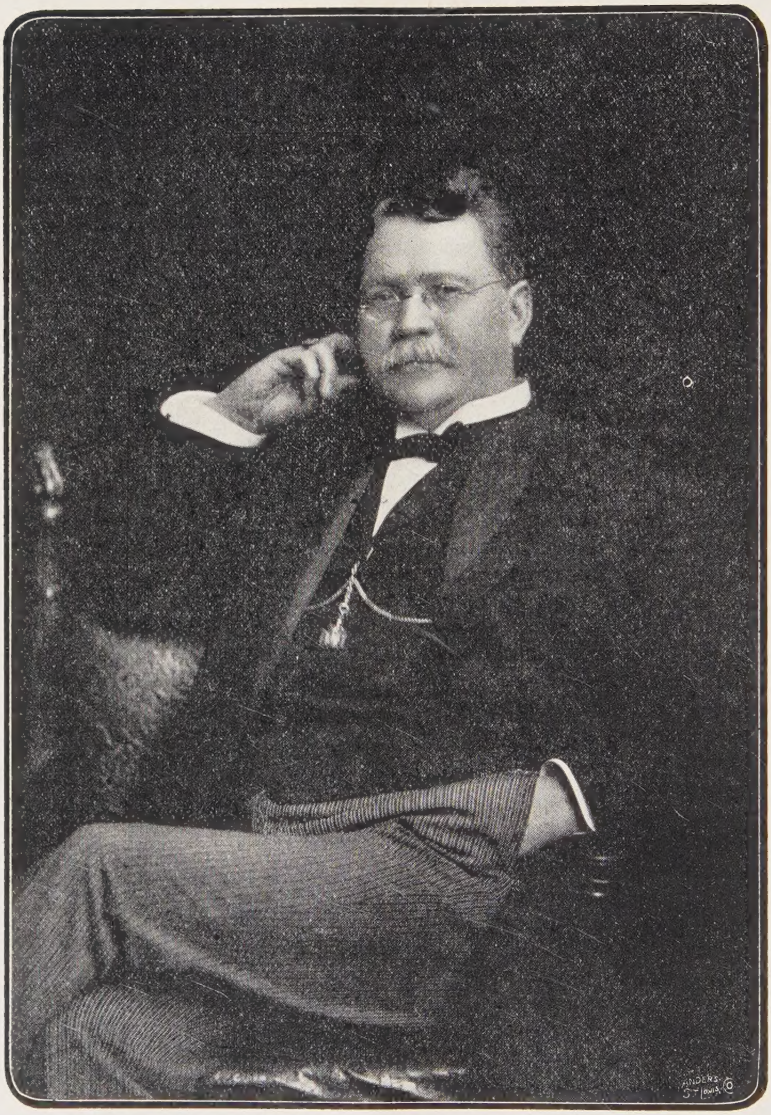
Resolutions Regarding the Late Dr. Jelks.—At a special meeting of the Hot Springs Medical Society, the following resolutions were passed:

Whereas, An all wise Providence has seen fit to take from our midst, on the 24th day of June, 1902, Dr. James Thomas Jelks, one of the oldest, most faithful and most esteemed members of the Hot Springs Medical Society; be it

Resolved, That we deeply deplore and regret his seeming untimely death; be it

Resolved, That the community has lost a most valued citizen, the poor and needy a sincere friend, the medical profession a leading member; be it further

Resolved, That a page in our records be dedicated to his memory, and that we extend our most profound sympathy to his bereaved family in their irreparable loss.



ALEX. HUGH FERGUSON, M. D.

CHICAGO.

President-elect of the Tri State Medical Society of Iowa, Illinois and Missouri.

The Importance of the Trained Man in State Hospitals for the Insane.

In the appointment of Dr. H. B. Carriel to the position of superintendent of the Illinois Central Hospital for the Insane, Governor Yates has recognized and brought into prominence a principle for which we have always contended in these pages; a principle that is a favorite theme with every believer in thoroughness, whether it be as a "Captain of Industry," a follower of the plow; an organizer of gigantic enterprises, or any in position where skill and knowledge are essential basic principles upon which success is founded, that principle is "the trained man for special work." The trained man represents the best possible preparation for the most exacting, responsible and difficult duties. In no line of work commercial, industrial or professional are trained men needed more than in the State Hospitals for the Insane.

It is unfortunate that the doctrine, "that one man is as good as another" has prevailed in some state institutions, leading many times to the appointment of unqualified, half-educated men to positions of trust and responsibility which in the business or professional world would not have been tolerated even for a day. The day of the demagogue, who always is a half-educated man, while not yet over is becoming of less consequence; he is loosing his influence and the trained man who is specifically fitted for the work which the public wants done and done right, is being chosen both in public and private life.

One of the most brilliant believers in trained men for special service is President Roosevelt—to him the educated, qualified man means something more than "expediency" when he is seeking a man to fit the place. He wants trained intelligence; he gets it and his work is well done This principle should apply to the State as well as the Nation; to the individual as well as the State, in fact it should be a universal principle—the principle of *merit*. If American life means anything worth while, it means the development of the best, and in the long run, the recognition of the best, and the government of the best by the principle of free selection" (Abbott). In American institutions we must have the best and we would always have the best if the principle of free selection was followed as it should be. The trained man is the best man and through him and him only will there be harmonious development of the full energy of the institution. In State institutions for the insane, which are a credit to this day and age of civilization, it is the trained men who guide their destinies and who have made them what they are. It is folly to believe that "one man is as good as another"—in State institution management or any where else for that matter. It requires a man who can take a full, vigorous grasp of the details of internal management, who can develop and enforce discipline, and who, as a physician, is familiar with the practical care and treatment of the insane; "has a working knowledge" of the diseases of the mind and nervous system, and above all has at heart the work—the spirit of service for those entrusted to his care. This spirit of service which is the rule and guide of success in professional life, thus becomes a potent

factor for good in the care of the State's wards. Insanity is robbed of its terrors, when it is known to the public, that trained, conscientious men, dominated by the spirit of service, are in charge of the institutions which are to care for the unfortunate ones bereft of their reason.

The trained man directs the management of the institution to its highest ends—the care of the patients—the restoration of reason, the protection and care of the alienated ones to whom the State becomes guardian and gives them a home. It requires a trained man familiar with the whole picture of insanity; familiar with the requirements, institutional and special in its treatment, to rise above the cavilling of the narrow-minded politicians who seek to make of an institution a hulk to which the party barnacles may adhere and eventually load it down so that it sinks into infamy those who cling to it. The State hospitals for the insane should not become a breeding place for the "grafters" who eel-like live on the misfortunates of others.

We congratulate Governor Yates in his recognition of merit in this appointment, which to every one familiar with needs and necessities of hospital work and of the special needs of the insane is most timely, fitting and in keeping with "the tendency of the times" in all industrial life, in the commercial world and even in political life, as seen in the precedent now established by Roosevelt. F. P. N.

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Summer Diarrhea of Children.

The importance of these diseases grows with the increasing knowledge of all the factors entering into their clinical history. The germ theory of disease having contributed the main etiological factor, showing the inseparable relation between bacteria and summer diarrhea, also gives the clew to the treatment. The recent discussion of these diseases should call the attention of every physician to this established relationship, and enforce the necessity of directing treatment along the lines suggested by such etiological factors. A study of these factors shows that the best results are attained in the ounce of prevention. Prophylaxis, thus, becomes of greatest importance, for by timely interference of the physician and the co-operation of the mother in preventing gastro-intestinal diseases much more can be accomplished than by any other means. Pure milk is of the first importance, and its proper care next. Due regard to the hygiene of infancy, such as bathing, in fact cleanliness in every way, and care in feeding. Over-feeding is a frequent source of trouble, likewise promiscuous diet, and the unwholesome drinks given to children.

The physician is usually not consulted until the gastric and intestinal ailments are established, and in consequence his directions as to prevention usually come too late, except to forewarn for the future. Fortunately, if motherhood is, as stated, less frequent than formerly, it is at least becoming more scientific, and mothers are better posted on the needs of the child. This is of great help to the physician, who is anxious to as-

sist in every way the child's progress, and he appreciates the attention given to the hygienic of the nursery. Pure air, exercise, good water, plenty of sleep, all are considered as factors needed to be observed, and every recognized rule of hygiene must be brought before the mother for the child's good. Even in the crowded cities instruction along these lines is showing good results, and ere long it will be possible to control these diseases as we now do infectious fevers.

Prophlaxis should be ever preached and enforced by physicians.

F. P. N.

CLEVELAND COLLEGES TO CONSOLIDATE.—A movement is on foot, with every prospect of a successful issue, for the consolidation of the Medical College of the Western Reserve University and of the College of Physicians and Surgeons of Cleveland, Ohio.

NATIONAL ASSOCIATION OF THE UNITED STATES PENSION EXAMINING SURGEONS.—At Saratoga Springs, N. Y., on June 9, was organized this society. On account of the large number of these surgeons and the peculiarities of their work, the desirability of such an organization has been felt for some time, and several suggestions have been made with this end in view, but no substantial progress was made until the meeting at Saratoga Springs. This was successful in every way. A large number of enthusiastic examining surgeons were present, a permanent organization was effected, and officers were elected for the coming year. Several interesting papers were presented and, by special invitation, Dr. J. F. Raub, medical referee, favored the association with a paper, full of invaluable suggestions concerning the work of the pension examining surgeons. This, by vote of the association, is to be printed and sent to examining surgeons the country over. During the coming year a vigorous and earnest attempt is to be made to interest every pension examining surgeon in the United States in this organization, and to induce as many as possible to join it. Inasmuch as these number about 4,500, all picked men, it is evident that the association is probably destined to become an important factor in the medical life of America. The officers elected for the ensuing year are: President, Wm. A. Howe, M.D., Phelps, N. Y.; Vice-Presidents, Wm. H. Hall, M.D., Saratoga Springs, N. Y.; Cyrus L. Stevens, M. D., Athens, Pa.; Charles James Fox, M.D., Willimantic, Conn.; G. Law, M. D., Greeley, Col.; Secretary, Wheelock Rider, M.D., Rochester, N.Y.; Treasurer, Charles H. Glidden, M.D., Little Falls, N. Y. The executive committee is made up as follows: The President, ex officio, F. W. Firmin, M. D., Findlay, Ohio; John VanRensselaer, M.D., Washington, D. C.; J. Sutcliffe Hill, M.D., Bellows Falls, Vt.; Warren E. Anderson, M.D., Pensacola, Fla.; Henry Allers, M.D., Newark, N. J.; J. H. Maxwell, M. D., Newton, Ill.; G. Lane Taneyhill, M.D., Baltimore, Md., and Joseph E. Jones, M.D, DeSoto, Mo. All members of pension examining boards and all expert examiners are eligible for membership, and any such may become a member by sending his name and the dues for one year (one dollar) to the Treasurer, Charles H. Glidden, M. D., Little Falls, N. Y.

Favorite Prescriptions

Lumbago.—Dr. William J. Robinson, of New York, says in Merck's Archives, that lumbago readily yields to a vigorous application of the following ointment:

℞ Camphor-chloralis..... ʒj
Ac. salicylici..... ʒss
Menthol..... gr. xx
Pulv. capsici..... ʒj
Ol. sinapis..... gtt. viij
Adipis lanae..... ʒiv
Petrolati, q. s. ad..... ʒij

Apply with vigorous friction three times a day. (Sometimes he substitutes ol. tiglii for ol. sinapis.)

Prostatic Congestion.—Stordeur recommends the following suppository in relieving prostatic congestion from any cause:

℞ Pot. iodidi..... gr. v
Ichthyol..... gr. iij
Morphinae hydrochlor..... gr. ⅛
Ext. flaturae..... gr. ⅙
Ol. theobromae, q. s.....

M. et ft. suppos. No. j. Sig.: One or two daily.—*J. A. M. A.*

To Drive Mosquitoes Away.

Oil sassafras.....
Oil wintergreen..... } Equal parts.

Apply to exposed portions of body. The oils of cajuput and origanum are also very effective, but they have a rather unpleasant odor.—*Jour. Trop. Med.*

Treatment of Acne.—Dr. Lusk, in a case of acne, characterized by papules, pustules and comedones, and caused by errors of diet, constipation and menstrual disturbance, recommended proper treatment for the general condition and used locally the following lotion:

℞ Zinc sulphate..... ʒj-ij
Sulphuret of potash..... ʒj-ij
Sulphur. precip..... ʒj-ij
Aqua rosae..... q. s. ad. ʒiv

M. Sig.: The zinc and potash should each be dissolved in half the quantity of water, and the second added to first slowly, with constant stirring. The sulphur should be first made into a paste with the resulting solution, and then thoroughly mixed in mortar.—*Post-Graduate.*

Cystitis.—

℞ Oil of turpentine..... ½ ounce
Camphor..... 15 grains
Extract of hyoscyamus..... ½ grain

M. et ft. massa.

Sig.: Take a piece the size of a cherry-stone morning and evening.—*New York Medical Journal.*

Original Department.

PAPERS for the Original Department should be in hand one month in advance, and contributed to THE MEDICAL FORTNIGHTLY exclusively. A liberal number of extra copies will be furnished authors, and reprints may be obtained at reasonable rates, if request accompanies the manuscript. Engravings from photographs furnished free.

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Some New Apparatus for the Re=education of Ataxics.

By Dr. Andre Riche,

PARIS,

Associate Chief of the Clinic for Nervous Diseases at Saltpetrier; and

Dr. Etienne de Gothard,

BUDA PEST.

TRANSLATED BY C. G. CHADDOCK, M. D.

THE re-education of movements to remedy motor inco-ordination has come to occupy an important place in the treatment of diseases of the nervous system. This re-education is identical with education which finally co-ordinates the movements of the child. After certain movements have become habitual, like those made in walking, they take place in a manner more or less subconscious; but if the individual arrived at this point of development attempts to apply his muscular associations to certain new actions like those of swimming, skating and riding a bicycle, a renewed intervention of the will, a new education, is required to adapt the movements to new difficulties.

In the normal individual walking is an act that takes place subconsciously as long as the surface is even; but on an uneven surface the gait at once ceases to be regular, unless consciousness and the will intervene to adapt the movements to the new condition.

In the ataxic the motor disturbance, which depends upon the irregularity of the information given to consciousness through alteration or abolition of the various modes of sensibility, is likewise modified by conscious and voluntary activity; and it is this power of consciousness and the will which makes re-education possible. The principle involved in the

process of re-education is the same as that of education during the early years of life; the mind is forced to execute the operations necessary for co-ordination by means that have a lessened value, or by means that differ, or are differently incited, from those at the disposal of the normal individual.

Moreover, the ataxic himself makes use of the various means at his disposal to remedy the uncertainty of his movements. Unconsciously at first he separates his feet and chooses ways well lighted, and this, with more and more attention, as sensory conduction is progressively diminished. He looks at his feet in walking, thus attempting to supplement the defects of the ordinary pathways of sensibility by another that is still intact or less defective. He seeks to determine the position of his limbs by means of sensations derived from muscular contraction, from cutaneous sensations, or from knowledge furnished by the special senses (sight, hearing). In this way he is able to utilize the results of previous representations of movements.

Education thus produces certain results in ataxics unconsciously. According to Mobius such patients often learn that by means of exercises they can correct in a certain measure their inco-ordination. They thus themselves improve their condition.

Among the patients we have had under observation, a very intelligent tabetic is worthy of note, who, without knowledge of the practice of re-education, constantly gave much attention to his gait, forcing himself to follow the cracks of the sidewalks and to walk regularly with reference to the figures in the carpet. He presented very little inco-ordination, having thus carried out in a measure preventive education. On one occasion, having been confined to bed by a sprained ankle with the limb immobilized, on his recovery he found that he was incapable of a co-ordinated movement. But at the end of a few weeks, by means of spontaneous exercises, the patient succeeded in walking as before. The example of sustained attention, that permitted the patient who was constantly analyzing his sensations to regain co-ordinated movements, seems to demonstrate completely the value of this method of re-education.

If exercise in walking along straight lines and on the figures of a carpet, is sufficient in certain cases, it is not so for the majority of patients, and in order to enable them to regain control of the various movements necessary in the life of every day—such as getting into bed, into a carriage, going up and down stairs—a certain number of apparatus is necessary, besides, are very useful in preparing and aiding the ataxic to walk with regularity.

In his lectures on diseases of the spinal cord* Marie advocated that ataxics should not be allowed to forget how to walk as result of rest in bed, like that recommended by certain observers, and especially by Weir Mitchell. "If necessary," says Marie, "you should resort to some mechanical means; a certain go-cart employed at Bicetre for years in order to facilitate the locomotion of ataxics, even those very much advanced in the disease, renders signal service." Frenkel employs as apparatus merely

* A. Riche, l'ataxie des tabetiques et son traitement, Paris, 1899.

an artificial stairway and a kind of platform in the form of a cross designed for exercise while standing and while reclining. The patient supporting himself by two hand-rails tries to place each foot in numbered spaces with exactness, these spaces being at varying distances from the patient antero-posteriorly and laterally. Jacob and Eulemberg also employ a few simple apparatus. Goldscheider has described a complicated technic with the employment of a large number of devices. First, there is a kind of go-cart which allows the patient while standing, to exercise without fear in locomotion; then there are parallel bars between which the patient carries out evolutions while constantly sustained. Between the parallel bars, Goldscheider places a certain number of vertical boards which oblige the patient to raise the feet. In order to perfect the preci-

FIG. 1.

FIG. 2.

sion of movements, he uses a certain number of turned pieces of wood-like nine-pins, which the patient is taught to overturn with the foot.

In our first work† on this subject we expressed the opinion that in the re-education of the movements of the lower extremities, complicated apparatus should be avoided; too many difficulties cause patients to lose courage; rolling apparatus are sometimes dangerous and cause patients to fall when their equilibrium is uncertain, and such accidents cause them to lose confidence. Again, too much support does not correct the tendency which these patients have to aid themselves by surrounding objects. Goldscheider's nine-pins do not seem very well adapted to correct the throwing of the feet, characteristic of ataxics, and to re-establish slowness and precision of movement.

We have tried to construct some apparatus which, having all the stability required and only just the support necessary, afford the patient all

† Marie Lecons, sur les maladies de la moelle, Paris, 1892.

the aid needed in his efforts to place his lower extremities in all the attitudes which the muscular groups assume in co-ordinated movement in the healthy individual.

Figure 1 represents a heavy set of steps. The weight and solidity of this apparatus is necessary to avoid jarring and vibration, with a view thus to prevent all false sensations in the patient. The apparatus has a double set of steps, three at each end. On one end the angle of the step is without projection, so that when the patient bends the knee the point of the toe does not catch upon a projection. On the other end the steps are constructed with the usual projection of the ordinary stairway. On the steps and the platform are traced certain lines: a longitudinal line, the use of which is to indicate the required axis of the foot; a transverse line, intended to aid the patient to correct the defect of precision which arises

FIG. 3.

FIG. 4.

from the point of the foot striking the perpendicular portion of the next step. The handrails are so constructed that they can be removed at will, and thus it is possible for the patient to mount the steps with the aid of one hand or without any support at all.

The apparatus pictured in figure 2 is intended to exercise the patient in the elevation of the knee and flexion and extension of the foot. Two wooden supports at the extremity of a platform sustain a transverse wooden bar which is triangular in form, the angles of which are more or less planed off. The patient stands in front of this bar and touches it with the foot. The amount of flexion of the knee varies with the height of the bar, which is movable, and at the same time the foot is made to assume various degrees of flexion or extension in accord with the inclination of the surface of the bar. A series of marks on the platform and on the bar

enable the patient to exercise himself in various degrees of separation of the lower extremities, and to combine numerous movements, and at the same time cultivate their precision. Standing astride the bar, the patient may carry out lateral movements of the foot and of the whole lower extremity, by touching various points of its faces.

In using the third apparatus (Figs. 3 and 4) the patient, still using two supports, is placed parallel with a cross piece like that described in the preceding paragraph, but this cross-piece is much longer. This bar is also movable between two supports. The exercise is to follow with the foot the elevations and surfaces of varying degree and extent, and which are also inclined more or less laterally, thus cultivating precision of movement in attempting to place the foot at certain points on the bar indicated by lines. The equilibrium of the patient varies in accordance with

Fig. 5.

whether the foot on which he rests is at the middle or at one or the other end of the platform, and the patient attempts to cultivate his sense of equilibrium by the extension of the limb forward or backward.

The fifth apparatus (Fig. 5) is intended to be used by the patient either while sitting or standing; he is required to place his feet on figures marked at various heights on a platform, the inclination of which can be varied from the horizontal to the vertical position. In one form of exercise the heel is fixed and point of the foot is turned; in another, the point of the foot is fixed and the heel is turned. Another board used to replace the first has sinuous lines marked on it, and the patient is required to follow these lines with the point of the foot; another board has vertical, horizontal and oblique lines, which, owing to the mobility of the axis of the platform, may be so arranged as to permit of combinations of movements.

These apparatus constructed in accordance with the anatomy of muscular groupings and the physiology of associated movements, permit exercise for regaining regularity and precision of the movements of the lower extremities in detail. Thus they make easier simple muscular contractions of a physiologic series of muscles (flexion, extension, adduction, abduction, circumduction), and simple co-ordinated movements or composite movements (ascending, descending stairs, walking), which are the result of the combination of the simpler elements. Owing to the simultaneous exercise of the muscles of the trunk, back, and pelvis, they aid the patient in recovering equilibrium of the body at rest and in motion. Finally, they correct muscular hypotony, a condition frequently encountered in the lower extremities.

With respect to this point we may cite the case of a patient from the provinces whose knees were thrown backward, and the lower extremities presented a curve with a marked anterior concavity; the extent of the concavity at its maximum was twenty centimeters beyond the vertical line. After two months of work, this tabetic, who was most faithful in his exercises, had corrected this deformity to such a degree that the "right knee could be forced backward only with great difficulty. The left knee still bent backwards at times, though rarely."

These devices are very different from those of Zander. They do not present any counter-weight to force or aid the patient in executing a movement, but they are addressed solely to the will. Repetition of these exercises causes the patient to study the remaining elements of general and special sensibility with reference to what they bring into consciousness. Their judicious use depends upon whether the physician is perfectly acquainted with the state of superficial and profound sensibility (anesthesia), the condition of the articulation (arthrophaties), and the state of the muscles (hypotony) as well as their power. Thus, in the employment of these apparatus in the combination of the various exercises of reeducation, the movements should be chosen with reference to the form of the ataxia, and varied and repeated. It may be added that the physician will realize more rapid progress if he has made a complete examination of his patient.

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The Retirement of General Sternberg.—Colonel William H. Forwood, assistant surgeon-general, United States Army, has succeeded Dr. George M. Sternberg as surgeon-general, who retires after forty years of service in the army.

Disregarded the Law.—Every one of the 37 physicians in Hopkins county, Ky., was indicted at the last sitting of the grand jury. The law now requires the physicians to file a registry of all births and deaths occurring under their professional ministrations, and it appears that the practitioners were either ignorant of the existence of the law, or else considered it as a matter of such small concern as to neglect it.

Complete Relief by the Bottini Operation in Cases of Long Lasting Total Retention of Urine.

By Albert Freudenberg, M. D.,

BERLIN, GERMANY.

Presented to the Freie Vereinigung der Chirurgen, Berlin, January 13th, 1902.

GENTLEMEN: To present single cases of successful Bottini operation does not seem to me longer necessary, since its performance on the hypertrophied prostate has been generally accepted, whilst numerous patients have been presented to many societies after cure by it. Nevertheless I trust you will permit me to describe and present to you several cases of radical relief, since I believe they bear a special interest. Especially in the first two of them in which there existed for an unusually long time before the operation a continuous complete retention of urine. As far as I am aware, such cases have never been operated on with success, or at least not published as successfully operated on.

The period of complete retention of urine preceding the operation lasted in the one case nearly eleven, and in the other nearly twenty-eight years. The two patients are present, and you may convince yourselves of the complete cure achieved. The third case, where the retention had existed but five years before the operation, is interesting, because the ideal result has now lasted for over four years and two months.

The two first cases I owe to Geheimrat Professor v. Bergmann and his assistants, in whose wards in the University Surgical Hospital I had the privilege of performing these operations. The third case I owe to Professor Posner.

Case I.—Complete retention of urine $10\frac{3}{4}$ years duration.—Rapid cure by the Bottini operation.—L. G., laborer, aged $65\frac{1}{2}$ years. Patient found of a night in October, 1890, that he could not urinate. Dysuria had apparently existed before this time. The ischuria remained from this time on constant. Patient had not been able to evacuate a drop of urine for the last $10\frac{3}{4}$ years without using the catheter, which he introduced six to eight times daily, and sometimes more frequently. The urine is said to have been turbid from the beginning of his complaint. Catheterism is often a matter of difficulty. Two years ago he had bilateral epididymitis, leaving a hydrocele on both sides, which was tapped several times thereafter. On July 6th, 1900, patient came to the University Surgical Hospital and complained of pain and swelling in the right testicle. A puncture of the hydrocele evacuated about half a pint of reddish yellow fluid.

Status June 20th, 1901: Strongly built and but modeately nourished man. Urine turbid and ammoniacal, with much sediment; albumen 0.3 (Esbach). Per rectum prostate as large as an orange, very prominent, smooth, not very hard; constipation, tongue coated, dryness of the mouth, much thirst.

Cystoscopy—In consequence of bleeding but an indistinct view; notwithstanding this, however, one sees a large hemispherical middle lobe and

apparently a prominence to the left. Injection into the bladder of iodoform, internally camphoric acid 1.0, three times daily; urine soon acid in consequence.

June 22, 1901, Bottini operation, the bladder filled with air, with the author's incisor and accumulator with amperemeter. General anesthesia (chloroform). Prostate proved to be softer after the introduction of the incisor, then it seemed to be at the first examination. Four cuts were made; one of 4.2 cm. posteriorly; one of 4.0 cm. posteriorly to the right; one of 4.0 cm. posteriorly to the left; one of 2 cm. directly to the left. Bleeding moderate. As an elastic catheter could not be introduced a metal one was lodged in the bladder which was exchanged the following day for an elastic one. Temperature on the second evening (June 23d) 38.2 deg. C., declined on June 24th to 37.0 deg. C., and did not rise afterwards above 37.2 deg. C.

June 25th, the permanent catheter removed, after which the patient immediately evacuated the injected solution of boracic acid with a good jet. Catheterization was not fonud necessary from thence on. The daily frequency of micturition was up to July 12th, 13, 12, 14, 15, 12, 11, 10, 9, 9, 10, 9, 10, 9, 8, 9, 9, 9 times in twenty-four hours. The eschar began to slough off at the end of the eighth day in large pieces.

June 28th the residual urine was 43 ccm., on July 9th 3 ccm.

Patient left the hospital the 10th of July. The urine was still turbid, but patient had no complaint. Status October 12th, 1901 ($3\frac{2}{3}$ months after the operation), the catheter has not been used since the operation. Urinates freely and without difficulty five to six times in twenty-four hours. Sleeps throughout the night. Urine moderately turbid. Residual urine today 18 ccm.; the amount of the same at eight different examinations in the past three months was 2, $\frac{1}{2}$, 0, 0, 9, 16, 10, 5 ccm. respectively.

Status January 9th, 1902 ($6\frac{1}{2}$ months after the operation): No further employment of the catheter nor of internal medication. No complaint. Urinates five to six times in twenty-four hours with a good jet. Residual urine 5 ccm.

Case II.—Patient aged 82 years. Complete retention of urine for nearly twenty-eight years. Cured by means of the Bottini operation. Gustav v. d. A.; retired from business; aged 82 years. Received at the University Surgical Hospital February 3, 1901. In the summer of 1873 had acute retention of urine, which immediately became constant. Urine at that time is said to have been already turbid. In the twenty-eight years since elapsed the patient discharged urine in a natural way only on one occasion, at night some seven years ago, when after imbibing in the evening one-half bottle of champagne he could not introduce the catheter owing to lack of lubricating fluid (clearly therefore no true spontaneous micturition, but rather overflow or "incontinentia paradoxa.") At the beginning the catheter was introduced three to four times in twenty-four hours, thereafter with gradually increasing frequency. For the past seven weeks the patient was obliged to use the catheter every two hours at night, and every two to three hours during the day; had intolerable pain in the perineum, along the urethra and in the glans penis. Strong ammoniacal cystitis. Mild febrile movement up to 38 deg C.

After five weeks' treatment with internal remedies (urotropin, camphoric acid, etc.) as well as regular irrigation of the bladder, permanent catheter, later on iodoform injections, the tempreature became normal and the urine markedly improved; catheterization was also less frequently required, so that intervals of five hours occurred. The complete retention of urine remained unchanged. As sequelae to the iodoform injections mild hallucinations and mental irritation supervened (iodoform intoxication), so that the remedy was of necessity discontinued.

February 16, 1901, cystoscopy. The bladder can hold but 120 ccm. Bladder wall markedly reddened; trabecular. The prostate protrudes on both sides and posteriorly. Moderate sulcus anteriorly. Per rectum. The prostate is the size of a lemon, greatly protruding and of hard consistency.

March 9, 1901, Bottini operation with Freudenberg incisor, under chloroform anesthesia, the bladder filled with air. Three incisions: one posteriorly of 4.5 cm., one each to the right and left of 4.0 cm. Hemorrhage almost nil. Of the boracic acid solution injected after the operation, the patient is able to squeeze out a few drops immediately after the operation. Permanent catheter. Temperature normal—highest point 37.2 deg. C.

March 13th. The patient who is again somewhat excited and suffering from hallucinations (probably the after-effect of the iodoform, which, however, had been last injected March 6th) pulls out the catheter during the night, although the same had acted well up to date. The catheter is therefore left out during the day, but is again introduced for the following ten nights.

March 14th. Patient is again entirely rational. He discharges very small amounts of urine spontaneously. In the forenoon and evening a residual urine of 170 ccm. During the following days the ability to urinate spontaneously again ceased, doubtless in consequence of reactive tumefaction. The general condition continues good.

On the evening of March 21st (thirteenth day after operation) coincident with an abundant discharge of slough, the patient again begins to urinate with a small stream. The quantities of urine discharged spontaneously now rapidly increase. On the 22d, during the course of the day 200 ccm. are spontaneously discharged; on the 23d 250 ccm. On the days following a still further increase is noted, so that catheterization is necessary only in the morning and evening.

March 25th. Patient leaves the hospital in good general health with the instruction to carry out irrigation of the bladder for the present every morning and evening. Residual urine at noon, 75 ccm.

Status, April 13th (thirty-five days after the operation) urinates with a good stream every four hours; requires no catheter, excepting for irrigation. Urine still moderately catarrhal. Examination for residual urine yields only 15 ccm.

Status July 1st, 1901 (about four months after the operation) urinates freely six to seven, rarely eight times, in twenty-four hours. Urine still moderately turbid. Irrigates the bladder every one to three days. Residual urine 0 to 25 ccm. Requires no catheter otherwise. Determining the amount of residual urine myself I found: May 25, 44 ccm.; May 31,

8.7 ccm.; June 7th, 1 ccm.; June 15, 3 ccm.; June 22, 6 ccm.; July 1, 30 ccm.

Status, December 16th, 1901 (nine and one-fourth months after the operation) had in the meanwhile after taking cold (bronchitis and coryza) an increase of his cystitis. At present urine only moderately turbid. Irrigates the bladder once a day. Urinates four to six times in twenty-four hours, without pain with a good stream. Usually sleeps through the night. Residual urine between 0 to 15 cm; today 3 ccm. Status January 10th, 1902 (ten months after the operation) residual urine 14 ccm.

Case III concerns a patient, aged now 72, at the time of the operation 68 years, whom I have presented to the Deutsche Gesellschaff fur Chirurgie* two years ago. He had a continuous and complete retention of urine for five years, and besides that was afflicted with very frequent attacks of epididymitis, in consequence of the use of the catheter. I performed on this patient three Bottini operations. The first two on the 19th and 25th of May 1897 with the original instruments of Bottini were only partly successful, in consequence, I believe, of defective armamentarium; the third, performed on November 3d, 1897, with the instruments of my own design, meanwhile constructed, resulted in complete cure. The patient needs no longer to use the catheter and is free of complaint, the urine is as clear as crystal, the attacks of epididymitis have disappeared, and he has increased twenty-five pounds in weight. In the course of years I have measured the patient's residual urine many times; the quantities varied during the past three and one-half years between 13 and 30 ccm, i. e,. quantities evidently without practical significance. At the last examination two days ago I found a residual urine of 25 ccm. The patient urinates five to six times during the day and sleeps throughout the night. You may convince yourselves that the patient micturates with an excellent jet. The result attained over four and one-sixth years ago has been a complete and lasting one.

Gentlemen, I believe the cases presented are a proof of the capabilities of the Bottini operation, whilst they confirm on the other hand the opinion which I have always held and urged, namely, that contrary to the Guyon-Launois theory the enlargement of the prostate and not the condition of the bladder is the causative agent of the retention of urine in prostatic patients. When the hindrance to the flow of urine caused by the hypertrophied prostate is removed by the Bottini operation, even a bladder regains the power of complete and normal spontaneous micturition, that has not officiated for years or even decades.†

S. W. Wilhelmstr. 20.

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* See Verhandlungen der Deutsche Gesellschaft fur Chirurgie, XXIX Congress, 1900, p. 459. The history of the case is detailed in Deutsche Medicinal-Zeitung, 1900. No. 1-6, case 11; as well as in the section on "The Treatment of Hypertrophy of the Prostate Gland by the Galvano-Caustic Method after Bottini," contributed to W. H. King's text-book on "Electricity in Medicine and Surgery," Boericke and Runyon 6, New York (Tannnnlung klinisther Vortrage, N. F., No. 328).

† I have published complete statistics of my results from 1896 to February, 1900, in the Deutsche Medizinal-Zeitung, No. 1-6, 1900. Since this time I have performed the Bottini operation in 36 further cases of hypertrophied prostate, and have achieved 26 cures, 7 cases with marked improvement (i.e., 33 good results), 1 case unsuccessful, 1 death (urosepies, chronic pyelo:nephritis existing before the operation); one case is of too recent date to show the ultimate result.

Psychology as Applied to Modern Medicine.

By G. H. Eiskamp, M. D.,

WASHINGTON, IOWA.

Read before the Tri-State Medical Society at Chicago, April 4, 1902.

MR. PRESIDENT: Permit me to introduce my paper by quoting some sentences which occur in Professor Muensterberg's Psychology: "The world of science and learning, as well as the social world, has its alternating seasons and its capricious fashions. Mathematics and philosophy, theology and physics, philology and history, each has had its great time; each was once favored both by the leaders of knowledge and by the crowd of imitating followers. The nineteenth century, which began with high philosophical aspirations, has turned decidedly toward natural science. The description of the universe by dissolving it into atomistic elements, and the explanation of it by natural laws without regard for the meaning and value of the world, has been the scientific goal. But this movement toward naturalistic dissolution has also gone through several phases. It started with the rapid development of physics and chemistry, which brought as a practical result the wonderful gifts of technique. From the inorganic world scientific interest turned toward the organic world. For a few decades. physiology, the science of the living oragnism, enjoyed an almost unsurpassed development, and brought as its practical outcome modern medicine. From the functions of the single organism public interest has been drawn to the problems of the evolution of the organic world as a whole. Darwinism has invaded the educated quarters of the world, and its practical consequence has been a revolution against dogmatic traditions.

Finally, the interest of the century has gone a step farther—the last step which naturalism can take. If the physical and the chemical, physiological and the biological world, in short, the whole world of outer experience, is atomized and explained, there remains only the world of inner experience, the world of conscious personality, to be brought under the views of natural science. The period of psychology of the natural science of the mental life began. It dawned about ten years ago, and we are living in the midst of it. No Edison, no Roentgen can make us forget that the great historical time of physics and physiology is gone; psychology takes the central place in the thought of our time, and overflows into all channels of our life."

It began with an analysis of simple ideas and feelings, and it has developed to an insight into the mechanism of the highest acts and emotions. It started by studying the mental life of the individual, and has proceeded to the psychical organization of society and social life of art and science, of religion and language, of history and law. Medicine alone has neglected psychology, because it became intoxicated with the wonderful resources of biology and physics. The historian strives today for psychical explanation, the economist for psychical law; while jurisprudence looks on the

criminal from the standpoint of psychology; medicine has heretofore never emphasized the practical value of this study.

As proof of the need of which I am speaking, we have but to look at the many remarkable delusions under which multitudes are today laboring. The sudden rise and the rapid spread of the religious vagaries and scientific absurdities taught by Mrs. Eddy, Mr. Dowie, Schlatter, Schweinfurth, and others, afford abundant evidence of this fact. The whole history of Christian science, Dowieism, spiritualism and osteopathism, form curious chapters in the mental history of our age. These popular "fads" have become a dreadful mania, a species of hallucination, in common parlance, a "craze." That thousands of people of today should be trying to make themselves believe that they have no bodily existence, that sickness and pain are but figments of the imagination, is almost incredible were there not so much proof of it on every hand. In the words of another: "Were it not so common, 'twould be strange; that 'tis so common, this is stranger still."

By this class of people medicine is outlawed. Physicians are classed as the enemies of the human race. The use of physical means to accomplish physical ends is denounced as irrational and absurd. In the name of science the most unscientific absurdities are taught. In the name of culture and reform the stale tenets of ancient Hindoo pantheism are dressed up in new garments and foisted upon the people. As a result of it, men and women, easily caught by the tricks of the charlatan, become the prey to unprincipled and fraudulent practitioners who are only too anxious, for the sake of gain, to make willing dupes of the credulous.

At bottom, all error is connected with some truth. Truth having in it the elements of permanence abides because it is true, even though errors, like weeds, may grow up around it and threaten to choke out the life. Moreover, a single truth, or one aspect of truth, may frequently be so emphasized as to have all the force of error. For illustration, take the prevailing belief in the illusions of spiritualism. At the root of this belief lies a double error: First, the universal belief, deep-rooted in the heart of man, as to the reality of the spirit world; and, second, that there are conditions in which the mind's eye creates the objects the eye sees. So, also, with the "faith cure." Dowieism is rooted in the instinctive faith in humanity, and in the fact that faith is a real power in daily life. The error consists in making faith do what it was never intended to do by leading men to ignore the use of common-sense means. Perhaps "Christian Science" affords one of the most powerful illustrations of this principle. Laying hold of certain well-defined truths, it magnifies them beyond all due proportion, combining with them palpable errors, so that the structure it rears, to quote Dr. Martin Luther, is one of "wood, hay and stubble." Underneath this fragile structure are foundation stones of everlasting truth. However, you may account for it, mind is a fundamental reality; not only are the physical and the mental related, but they interact upon one another, the bodily condition inducing certain mental states and conditions, the mind exerting a controlling influence over the body.

The errors of these so-called "scientists" are so patent as to scarcely need more than a passing notice. Their cardinal principles violate every

standard of well-established science. They contradict the fundamental facts of human consciousness. The system starts with a theory, and then bends the facts to suit the theory. It is a Procrustes bed, which everything must be made to fit. If some facts are too long, they must be lopped off to suit the bed. If others are too short, they must be stretched to the required length. No matter what becomes of truth, the sacred couch must not be altered. Reality is limited to a single side of being. The universe is cut in two, and one-half lopped off as an unnecessary and unreal excrescence. If wishes could transform hovels into palaces, then nobody would live in huts. If the longing to be free from pain and suffering could dissolve these things into mental illusions, then nobody would suffer. But gout and goitre, cancers and broken bones, are stubborn facts which somehow refuse to be resolved into "the baseless fabric of a vision." The history of humanity shows that the mere desire to live is powerless to maintain one in life.

But, after all, it is not so much the errors, as the fact that a certain modicum of truth is coupled with them, that forms the chief element of danger. In all these modern "crazes" the grain of truth they contain has been in very large measure the secret of their success. Bald falsehood repels. Error is never so dangerous as when mixed up with just enough truth to make it seem plausible. Truth is the sugar-coating false teachers put on their fallacies to enable them to go down more easily.

How to counteract these modern unwholesome tendencies is the question. Criticism will not do it. Ridicule will not suffice. Such movements are strengthened by denunciation. They fatten on persecution. As it is an unpleasant task to be always uprooting weeds, so it is an endless one to be forever refuting error. Any refutation to be lasting must be positive, not negative. Planting truth is the best way to kill out error. The deathblow to all such scientific, philosophic and religious vagaries is struck when we show the truth concealed behind the fallacy, and exalt that.

It is at this point that medicine has failed in the performance of her duty. While Christian Science has swung to one extreme, medicine has swung to the other. If the followers of Mrs. Eddy have laid sole emphasis on the psychical, ignoring the physical, the physician, on the other hand, is tempted to confine himself to the physical, leaving out of account the mental. Had we physicians studied the psychic side of life as we ought to have done, applying psychological principles to the treatment of disease, there can be no reasonable doubt that much could have been done to counteract those delusions which are today spreading with such alarming rapidity. We are leaving the promising field of mental science unexplored; or, if explored, at least unapplied. Why should the physician leave this interesting and important sphere to the untrained quack, that he may make of it a matter of merchandise?

That many of our ailments are of a mental origin, and can be healed by purely psychological means, there can be no question. Into many others the psychical enters as a very important element. This being so, in order successfully to treat the human body, one must know something of the human mind, its laws, and methods of working. Without this

knowledge, accurate diagnosis of disease, in some instances, is impossible. When carefully diagnosed, it may turn out that the patient needs the good offices of the clergyman, psychologist, or neurologist. At all events, the physician must be able to make the diagnosis, whoever effects the cure.

Gentlemen, ours is one of the most honorable callings. Let us magnify our office. Man is something more than a bundle of nerve cells, bones, blood vessels and various kinds of tissue. Therefore, the successful practitioner must interest himself in something besides physical symptoms, matters of organic function. So long as man is made of body and mind, so long as they continue to influence one another, so long will the study of the psychical side of human nature be a valuable part of the equipment of him who would minister successfully to its physical side.

Of course, we might hold with Professor Virchow and others, that the brain secretes thought as the liver secretes bile, but we must first prove this, or at least be able to influence a pathological brain secretion by chemical or therapeutic means. As long as we cannot do that, we must make use of psychical treatment in proper cases. In my judgment, osteopathic quacks, etc., will then soon be out of business. Since our object as regular physicians is, and must be, to alleviate suffering and, if possible, cure our patients, let us do that therapeutically, or, if necessary, psychologically.

Within the past few decades medical science has made wonderful strides. What other advances she is yet to make, we cannot even foresee. That a new emphasis will be put on the psychological element in the future, we have every reason to believe. But it is my firm conviction, arising from a conception of the profound need of such investigation, that the time is ripe for a forward move in this direction. Before us lies a large and fruitful field. Will we enter it?

DISCUSSION.

Dr. Sanger Brown (Chicago): Dr. Eiskemp's paper covers a very broad field; a field so broad and deep in its considerations and allusions, that in order to discuss it at all properly, and reduce the discussion to the time allotted, would require much preparation. I can only venture a few suggestions in the way of discussion.

While we must all agree with the hopes and aspirations that are contained in the paper, and the necessity of developing medicine along the lines of psychology, we must realize that it is a very difficult matter. The laity have very fixed ideas as to the proper field of medicine. They have, likewise, positive ideas regarding the range of spiritual influences, and they have rather a distrust of an individual who seems to them to mingle mental and spiritual influences with medicine. It is a very rare thing for them to wish to be treated by the occult along the lines laid down by the Christian Scientists, and at the same time want to be treated by medicine. There are several practical difficulties that confront us here as physicians. Though we don't hear much of it in a course of medicine as taught in medical colleges, yet we are a very short time in practice before we discover the overwhelming influence of mind, the mental state, the men-

tal attitude in relation to disease. We see it everywhere. The physician of strong and agreeable personality comes into the sick-room, he perhaps dresses well, and has fine appointments; he understands the feelings of the patient and his family. He inquires into the case, is cheerful and sympathetic, and above everything else, sees to it that he inspires confidence. He leaves a little red medicine, perhaps. He is not relying much upon his scientific attainments, but goes away leaving a strong feeling with the people and the patient that the trouble will be relieved. Another doctor comes in with perhaps weak personality, shabby clothing, etc. He may view the matter from a highly scientific standpoint, and if allowed to remain, would get at the bottom of the trouble and make a correct diagnosis; but he will be turned away and probably the other man allowed to go on with the case. This is a practical, psychological matter, and it is not enough taken into account in medical colleges. Students should be taught the importance of taking into account the educational and intellectual status of their patrons. It is a worthy, and should be the primary object to honorably win thier confidence, and then, of course not abuse it.

But we are placed in a dilemma. Those who are willing to admit more particularly those influences that I have hinted at, are afraid to come out broadly and argue for them; for, if we do so, we are liable to be classed with the Christian Scientists, Dowieites and that sort of people. People will say, "He does not believe in medicine; he believes in mental or spiritual influence only," so that we are very much at a loss to know what to do. The Christian Scientists in the practical application of psychology, or suggestion in medicine, have us at a great disadvantage, and I can't see how the chasm can be bridged. We have a patient whose ills we feel sure are amenable to suggestion. Suppose we tell him so. He will not believe us, usually, for he has come to us expecting medicine. This same patient may go to the Christian Scientists. They do not say they believe his ills are amenable to prayer, or some occult influence, but they know they are, no matter what the trouble may be. The Christian Scientist thus gets a position we cannot hope to approach, and a patient who accepts his view of the matter gets the whole force of the suggestion, and the Christian Scientist will succeed where we have failed. We cannot afford to take that positive position. We have to live on and practice our profession in a certain community. We are not sure that any case will be amenable to suggestion, and if we say we know it is, soon we are at a disadvantage, or in disgrace, while the Christian Scientists simply maintain that the sufferer was lacking in faith. So I don't see any practical way out of this difficulty.

I do believe, however, observing the methods and scope of instruction followed in the medical colleges, that perhaps in the latter part of the student's course, this matter may be taken up with advantage, if it could be done without in any way weakening his interest and confidence in the science of the concrete. We have to be careful, of course, when we discuss the importance of suggestion that we do not make charlatans of our students. I hope that in some way, sooner or later, the profession may find some way of harmonizing the available truths of suggestions with the con-

crete scientific facts of medicine, for thus those fallacies of the former would be most plainly exposed.

Dr. Campbell (Chicago): I feel like complimenting Dr. Eiskemp for his very scientific and yet practical paper. We must not lose sight of the credulity of the human family. While human knowledge is widespread, yet we are densely ignorant except along our special lines of investigation. The essayist has mentioned that particular cult known as Christian Scientists and their influence upon the credulous. It is a lamentable fact that the masses are willing to accept almost any absurd doctrine as long as it is believed to be based upon the Bible and wrapped in the cloak of religion. It appears to me not to be a very great step in favor of the ridiculous, for the average orthodox person to accept the christian science dogma. As long as speculation enters into our religious doctrines, just so long will superstition continue to be a formidable barrier to our progression. With all respect for all that is good in religion, I am of the opinion that it is responsible for more ignorant beliefs and practices in medicine, than all other influences combined; when religion becomes more logical in teaching, then and then only can we expect a thorough appreciation of our science.

Dr. C. F. Wahrer (Ft. Madison, Iowa): How much of a quack can a man be and not be a quack? If you won't tell it outside of this room, we are all a little bit quackish. I desire to say by way of parenthesis, in response to remarks just made, that the modern ministers are the greatest enemies that Christian Scientists and all that ilk and cult that exist, ever had.

We have all learned that when we give a patient a prescription, signify how often it is to be taken, and add to it, "According to Directions," give it to the patient and tell him to come back next Tuesday and he will find that he is a great deal better, that we will find that it has a more salutary effect than to do as I did in my early practice. A patient used to come into my office and I would listen in a mournful way to his description of his case, and then in a doubting sort of way I would wrap up some medicine for him, then turn to him and say: "We will try these powders for a while and see if they will do any good; if they don't, we will try something else." That patient invariably came back with the most woebegone expression on his face, and he would begin: "Doctor, I am worse off than when I saw you last, and if I had taken all of your powders they would have killed me." You have all heard the same story. When we talk about psychology we are talking about a thing that has neither location nor name. We will first begin with the concrete, and from that deduct our ideas of the abstract; but we can make speculations and put two and two together, and likely enough it will make four. We may by deduction take certain laws that have been put before us in geometry, trigonometry, philosophy and other exact sciences and connecting them with material phenomena as affecting the mind, establish the science called metaphysics. Certain people have taken advantage of the fact that the mind exerts positive influence over the body, and claim they can heal all

the ills that flesh is heir to, by this peculiar science, whether you call it christian science, occult science or osteopathy.

But there are certain things that we have learned to believe that we are pretty sure of, regardless of mental influence. We have learned that croton oil gets there without any suggestion; that ipecac will bring up anything that it goes after; if we put a fly-blister upon a man, it will draw almost anything; a good sized dose of prussic acid will soon cease all speculative influences, no matter what one believes.

Aside from that, however, I wish to speak about Dr. Sanger Brown's red medicine. You will notice that almost all medicines now made are red; you never see medicine with a bluish tint. In connection with this, I will tell a story of a patient who came to me. She was a great, big, fleshy woman who said: "Doctor, I came to consult you about an indisposition of mine." I looked at the woman and concluded that if she did not look upon the wine when it was red, she at least looked upon the victuals when they were good. I said, "You had better go home and take a dose of salts," and she answered, "Salts! why doctor, I would not have come to you if I had only needed salts." I saw which way the wind blew, so I sat down and wrote a prescription:

Magnesium sulph..... oz. iv
Red elixir..... oz. iv

Added the indispensable aqua pura, q. s. and flavored it with sweet things. It looked good, and tasted, oh, so good! I charged her for the prescription and the druggist charged her one dollar for filling it. A few days later I met the patient on the street and she exclaimed, "Oh, doctor, you don't know how much good your medicine did me! I feel like a new woman; but I have a little of the medicine left." I told her to keep the medicine in a dark, cool place and take it if she felt any return of the symptoms.

As to bridging the chasm between us and these people who use mental influence only, I will say we can make use of more psychology in connection with our remedies, but I am not caring very much whether it is bridged or not, so long as we can use good common sense in dealing with our patients and combine it with our science. Common sense, I desire to emphasize, is a precious heritage, probably an embryonic remnant from our mothers; and a doctor minus that article, no matter how book-learned he may be, is very sorely handicapped in his therapeutic resources. Knowing and believing that psychological influences have much to do with our material resources and their application, I emphatically indorse the paper of Dr. Eiskemp.

Dr. G. H. Eiskamp: Mr. President and Members of the Society: I thank you all very much for your thorough and complete discussion of my paper. With what Dr. Sanger Brown has said, I am especially in accord. I did not mean that we should make it a point to tell our patients that we were going to hypnotize them, or make suggestions. This is a resort in extreme cases. The doctor here must have misunderstood me. I think therapeutics is the greatest boon that has ever been given to suffering

mankind, but I think we should pay a little more attention to the impressions we give out to our patients than we do. I have seen cases of major surgery turning out badly just because the influences surrounding the patients were improper. I have seen them die, when it is possible that different surroundings might have saved their lives. I don't mean to say that I believe suggestion is going to save us from dying, if conditions are such that death is inevitable, but I know that there is a great difference whether a physician comes into the sick-room full of courage and hope in serious cases, or whether he comes in letting his chin drop down, and by his looks saying as plainly as words can say, that it is all over.

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Coroner Funkhouser's Report.—The coroner's report always contains matter which is of interest to every citizen, and the one submitted last month is no exception to the rule. This report covered the year ending April 1st last. It shows that the coroner and his deputies investigated 1587 deaths, an increase of 376 over the previous year. Of these 1092 were men and 495 women; 434 deaths were a consequence of accident, 139 of homicide, 172 of suicide, and the remainder from miscellaneous causes. Of the accidental deaths the street cars were responsible for 65. Thirty-six died from injuries sustained in steam railway accidents, forty-nine from burns, 32 from gunshot wounds, 9 from elevator accidents and 243 from miscellaneous causes. Only a small per cent of those who died from steam railway accidents received their injuries in St. Louis. They were brought here from all parts of the country to the railroad hospitals. Nearly every road entering St. Louis has its hospital here. A comparison of the street car fatalities shows that there were six less this last year than in the year preceding. Of the 139 homicides, 100 died of gunshot wounds, 14 by knife wounds and 25 from miscellaneous causes. January, February, July, August and October were the banner months for murders, each having 14 to its credit. There were 172 suicides, comprising representatives from 23 countries. Outside of American-born, which furnished 89, the Germans lead with 46 to their credit. The records show that only 5 Irish and 5 negroes took their lives. The favorite means of self-destruction was the revolver. Forty shot themselves, 29 took carbolic acid, 20 used morphine, 15 hanged, 16 drowned, 9 used the knife, 2 took chloroform, 2 asphyxiated themselves, 3 took opium, 1 chose strychnine, 2 rough-on-rats and 33 chose various other routes. Sixty of the total number were unmarried, 95 were married, 19 were widowed, and the social condition of the other 7 was not learned. June was the favorite month for suicides, leading with 19. July followed with 18. One hundred and twenty were males and 52 females. Nineteen had no occupation, 14 were laborers and the clerks followed with 5. Other trades, professions and occupations claimed from 1 to 4 suicides each. The period of life from 20 to 30 years was the most productive of suicides, having 43 to its credit. From 10 to 20 years of age there were 16; from 20 to 30, 43; from 30 to 40, 34; from 40 to 50, 19; from 50 to 60, 32; from 60 to 70, 15; from 70 to 80, 5; over 80, 3.

Fortnightly's Post-Graduate Course

In this department we will present a series of Practical Papers for the General Practitioner, written expressly for this magazine by the leading Medical Writers of the Twentieth Century.

DISEASES OF THE LUNGS AND PLEURA.*

A Series of Papers written expressly for this magazine, by

BY ALBERT ABRAMS, A. M., M. D. (Heidelberg),

SAN FRANCISCO, CAL.

Consulting Physician for Diseases of the Chest, Mt. Zion Hospital and the French Hospital

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Prognosis.—The paroxysm itself is practically without danger, although I know of one instance where death resulted in which the attacks followed one another in such rapid succession that the condition of the patient reminded one of the status epilepticus. Hilton Fagge reports a case in which life was only saved by the timely performance of artificial respiration. I have found artificial respiration of undoubted service in severe attacks of broncho-pneumonia in children, and when death seemed inevitable, the maneuver in several instances rescued the patients. The asthmatic habit rarely conduces to long life, and the prognosis is dependent largely on the ability to remove causes and to place the patient in a propitious environment with respect to climate, occupation, etc.

Treatment.—The correct treatment of asthma postulates skill in all specialties, for there is no affection in our nosology that demands a more varied therapeutic armamentarium.

The Paroxysm.—1. *Morphin* is the sovereign remedy for arresting the attack. An adult dose for an injection to one unaccustomed to the drug is gr. 1-6. The dose may be repeated in an hour if not effective. Dangers.—*a*. The habit of inebriety. *b*. Suppression of expectoration. *c*. Arresting the renal function if the asthma is of renal origin.

2 *Chloral Hydrate.*—Next to morphin, this remedy affords the most prompt relief. Dose to an adult, 15 to 20 grains, repeated, if necessary, after an hour. Danger.—Weak heart. If the patient cannot have the immediate service of a physician I rely solely on a combination of chloral hydrate, morphin and strychnin.

3. *Dionin* (gr. 1-2) by injection. Produces neither nausea nor constipation.

4. *Chloroform.*—By inhalation. Danger.—Habit.

5. *Pyridin* (45-80 minims, evaporated in a room). Effects fleeting and only efficient in mild cases.

* The first paper of this series, on "Cough," appeared in our issue of August 25th, 1900, and the following have appeared in their order: "Pulmonary Atelectasis," "Relation of Respiratory Diseases to the Circulatory Apparatus and the Nervous System," "X-Ray Examination in Diseases of the Chest," "General Therapeutics of Pulmonary Diseases."

6. *Amyl Nitrite* by inhalation. Effects transitory.

7. *Oxaphor* (see general treatment).

8. *Ethyl iodid* (10-20 drops by inhalation). Same value as amyl nitrite.

9. *Erythrol tetranitrate* in ½ grain tablets acts like nitroglycerin or amyl nitrite. One or two tablets may be taken during an attack and repeated in two hours if necessary.

10. *Cocain.*—A 5 per cent solution sprayed into the nose will often arrest an attack, specially if dependent on nasal origin.

11. *Carbonic acid.*—Inhalation for 5-10 minutes is often successful. The effect is probably due to a reduction in the sensibility of the respiratory tree. It may be improvised by introducing into a bottle (stopped with rubber cork through which passes a glass tube connected with rubber tubing), 3 drachms of tartaric acid and 4 drachms of bicarbonate of soda (this amount is capable of producing 5 quarts of carbonic acid). The patient placing the rubber tube in the mouth inhales the gas.

12. *Paraldehyde* (40-60 minims) often affords rapid relief. Its hypnotic action is of service.

13. The smoke from various antispasmodic agents is often very efficient. A paradigm of such agents is embodied in the well known formula which owes its efficacy to pyridine:

Powdered stramonium	
" belladonna	
" hyoscyamus	
" potassium nitrate	aa 1 oz.

Mix. Burn one-half teaspoonful or more and inhale fumes.

Like ingredients may be incorporated in a pastil, as in the following formula:

Gum benzoin	1 part
Jaborandi leaves	2 parts
Stramonium leaves	4 parts
Potassium nitrate	4 parts
Charcoal	20 parts

Mix with sufficient thin tragacanth mucilage to make a stiff mass, and then roll into pencils, which are cut into pieces of suitable length. One end of the pastel is ignited when ready for use.

14. *Antipyrin*—In 15-grain doses every three hours until relieved is of benefit in some cases, but experience shows that it increases severity of subsequent attacks, and that it is not without danger in heart weakness.

15. *Stimulants to the Chest.*—Spraying the chest with chloride of methyl may inhibit an attack. The maneuver must often be repeated. The faradic current, one pole to the neck and the other to the breast (seance for at least fifteen minutes) may arrest an attack. Peroxide of hydrogen sprayed over the patient has been used. In one patient, I arrested the paroxysm by striking the chest wall by means of a percussion hammer.

16. *Cocain*—A 6 per cent spray of this agent thrown into the nose is marvelously efficient in many cases.

17. *Caffein citrate*—1-5 grains every four hours.

18. *Nitroglycerin*—2-5 drops of a 1 to 100 solution gives temporary relief.

19. *Oxygen.*—This agent given by inhalation is extravagantly lauded by some and equally condemned by others. The expired air in asthma shows an increase of about 10 per cent of carbonic acid, while the oxygen is either absent or materially reduced. There is no doubt that the *besoin de respirer* of asthmatics is much relieved by oxygen inhalations. Hooper relates the case of a man who was thought to be dying whose life was saved by inhalations of oxygen.

20. *Emetics.*—They are of service when the asthma is dependent on an overloaded stomach.

Curative Treatment.—The measures previously suggested are merely palliative, and our aim should be to effect a cure, which while involving a stupendous task and painstaking attention to detail is nevertheless attended in a large number of cases by good results. Every organ in the body must be carefully examined in detail to ascertain, if possible, the existence of an asthmogenic point. Beginning with the eyes we should successively examine the nose, naso-pharynx, mouth and teeth, larynx, lungs, heart, chest, including type of breathing, malformations, vital capacity, etc., the stomach, intestines, urine, genital tract and skin. The state of the nervous system must not be overlooked. If any anomaly in these organs exists it must be corrected, otherwise we must have recourse to the general methods of treatment.

1. *Climate.*—This offers the easiest route for a cure or at least relief over a great period of time, but, unfortunately, all patients cannot indulge in this luxury, which means permanent residence in a locality which conduces to freedom from attacks. Climate can only be prescribed in a general way and, in this respect, every asthmatic is a law to himself. Until atmospheric conditions are better understood, it is impossible for a physician to prescribe a definite locality. He may, in a general way suggest a locality where the soil is dry and where winds, fogs and dampness do not prevail. One patient may secure immunity in a town with a smoky atmosphere; another at the seashore, and still another at some high altitude. Some patients living on the ground floor secure immunity by changing their bed-room to the top floor of the same house which receives an abundance of sunshine. Others may secure immunity by changing their residence from one side of the street to another. After a period of time when acclimitization is established the asthmatic attacks usually recur. Knight mentions a physician who changed his residence several times during his life on account of asthma, and who eventually secured relief by going back to the place from which he started. In suggesting climate, the physician must take into account the attendant evils of asthma, viz., a dilated heart, bronchitis and emphysema.

2. *Sanatorium Treatment.*—An asthmatic demands discipline and a multitude of little things that can only be achieved in a well regulated sanatorium. The asthmatic education thus secured for the patient is paramount. It means the correction of a neuropathic disposition, and above all, psychic treatment by suggestion. We recall the patient who had an attack of asthma from smelling an artificial rose. Of another, who at night suffered from an attack owing to the vitiated atmosphere and, after throwing his boot at the window secured rest. The morning demonstrated that he had broken a looking-glass, but the psychic impression had nevertheless done the work. In treatment, I have often found that any novel method, indifferent as it was temporarily beneficial, and by instituting and devising new methods, comparative immunity could be secured for a long time.

3. *Strychnin injections* in gradually increasing doses are very efficient in asthma dependent on neurasthenia. The strychnin must be discontinued if the physiologic effects appear.

4. *Iodide of Potash.*—The long continued use of this agent is perhaps the most efficient medicament we possess in this disease. Given with Fowler's solution, iodism is best inhibited.

5. *Oxygen inhalations* given several times a day are highly recommended in the cure of asthma. It is probable that the effects are due wholly to respiratory gymnastics.

6. *Electricity.*—Faradization of the phrenic nerves is beneficial, specially in diaphragmatic asthma of hysteric persons.

7. *The Schott methods* by carbonated baths and resistance movements are highly extolled by Kingscote, who believes that by these methods a dilated heart, the almost invariable attendant of asthma, is cured, and with it the asthma. My own observations tally with those of this author, for while I am not convinced that a dilated heart is the essential cause of asthma, yet I contend that a dilated heart is operative in predisposing to a paroxysm and augmenting its severity. Giving expression to a conservative statement, I have no hesitancy in saying that since inaugurating the treatment of asthma by the Schott methods my results have been better than by other methods of treatment. I wish, however, to be understood that in employing this treatment, I do not disregard the treatment of the many factors which go to make up the asthmatic disposition.

8. *Atropin.*—The systematic and continued use of atropin is highly extolled by many experienced clinicians. The primary dose by the mouth is gr. 1-120 daily, which is gradually increased by this amount every two or three days, until the daily dose of 1-16th of a grain is attained, when the amount is gradually diminished. The treatment lasts four to six weeks, and must be repeated every six months through a shorter period of time and with smaller doses.

9. *Hydrotherapy.*—This may help when other methods fail. Dr. Simon Baruch refers to a member of his own family who was treated in vain by many eminent practitioners, and who obtained relief by affusions

with water at 75 deg. daily reduced until 45 deg. were reached, while the patient sat in shallow water at 100 deg.

10. *Respiratory Gymnastics.*—For asthma depending on bronchial catarrh, treatment of the latter by compressed air inhalations is practically a specific. In true nervous asthma, the results with the same method of treatment are encouraging. As an adjunct to other methods of treatment in asthma, I regard respiratory gymnastics as indispensable. I employ inhalations of compressed air. The objects which I hoped to achieve by so doing are to readjust the mechanism of the perturbed respiratory apparatus and coincidently the heart, and to make the respiratory mucosa apathetic to the insults which provoke a paroxysm. My own experience does not tally with the results achieved by perhaps more acute observers, notably Campbell, who, for instance, regards the effects of respiratory exercises as often little short of miraculous. It is well to remember that in asthma, as well as in emphysema, the costal type of breathing is only slightly manifest, most of the work being performed by the diaphragm. Here the application of a rubber bandage to restrict diaphragmatic breathing is indicated for the purpose of encouraging costal breathing. In the medicinal treatment of asthma we have much to hope from the observations of the rhinologist who deals with a mucosa, which in function is not unlike that lining the respiratory tree.

11. *Intratracheal injections* have been employed by some physicians with good results in asthma secondary to bronchitis. Bowie suggests the following solutions: 1. 5, 10, 15 or 20 per cent solution of menthol in almond oil. 2. 2 to 5 minims of a 2½ per cent solution of pure crystals of iodine in almond oil added to each drachm of the first solution. 3. 5 minims of a 10 per cent solution of oil of hops in almond oil added to each drachm of the first. Barton regards the menthod as a simple one requiring no special laryngologic training, and can even be administered by patients to themselves.

Technique.—An ordinary aspirating syringe, to which is attached a curved endolaryngeal tube is all the apparatus necessary. The patient is seated with his tongue drawn out, and the physician introduces the tube, keeping it in the median line, carrying the curved portion over the base of the tongue, raising the elbow high enough to properly direct the tube into the larynx and avoid the edge of the epiglottis. The patient must be directed to avoid swallowing and take a deep inspiration, at which time the contents of the syringe is quickly injected into the larynx.

In concluding the subject of treatment, I cannot urge too strongly on the practitioner the conviction that asthma is a curable disease. That suggestion plays an important role in treatment irrespective of the method employed. That the muscles of the respiratory tree concerned in asthma can be brought effectually under the influence of the will, and that a paroxysm of asthma may be controlled as radically as a cough. That the personal equation is responsible for methods of treatment advocated by various physicians.

[TO BE CONTINUED]

The Reviewer's Table.

Books, Reprints, and Instruments for this department, should be sent to the Editors, St. Louis.

A Reference Handbook of the Medical Sciences, embracing the entire range of Scientific and Practical Medicine and Allied Sciences. By various writers. A new edition completely revised and rewritten. Edited by Albert H. Buck M.D. Volume IV. New York City: Wm. Wood & Company, 1902.

The value of encyclopedic medical literature is real and not apparent, as has been stated by some medical critic To the student who seeks the accumulated facts of medicine and allied sciences revised and brought up to date such a work as Wood's Reference Handbook of Medical Sciences is invaluable. The value lies in thoroughness of the work the exhaustive and painstaking research in evidence in all of its pages and the unusual symmetry of literary style not wholly to be expected in such a large and necessarily more or less heterogenous work. To those physicians who while not workers in medical literature, are yet familiar with the compilation and revision of texts this great work must receive their praise and commendation. The reviewer is enthusiastic in its praise; there is nothing like it in medical literature and it certainly has a field of usefulness seemingly unlimited. Every physician, whether he has access to a large library or not, needs this work, and of especial service is it to the country practitioner away from the medical centers and dependent upon himself for the facts of practice. We have used this work in every department of medical reference, and have not yet found it wanting. This volume begins with "ergot" and ends with "infiltrations." Each article is concisely written, thoroughly modern in its teachings, and when necessary fully illustrated. The colored plates are excellent and the "black and white" illustrations good. Of especial mention are the illustrations of the monographs upon the "eye," "fractures," "gunshot wounds," "heart" "histological technique," etc., etc. Every physician should be a subscriber to this work. F. P. N.

A Practical Manual of Insanity. For the Student and General Practitioner. By Daniel R. Brower, A.M., M.D., LL.D., Professor of Nervous and Mental Diseases in Rush Medical College, in Affiliation with the University of Chicago, and in the Post-Graduate Medical School, Chicago; and Henry M. Bannister, A. M., M. D., formerly Senior Assistant Physician, Illinois Eastern Hospital for the Insane. Handsome octavo of 426 pages, with a large number of full-page inserts. Philadelphia and London: W. B. Saunders & Co., 1902. (Cloth, $3.00 net.)

The practical teaching of mental diseases is one of the neglected departments of practical medicine. This is largely due to the want of suitable hospital facilities for clinical instruction, and also to the little time

given to such a course in the ordinary curriculum of the medical college. The tendency now is to give more attention to mental diseases and to make these courses practical. In order to more fully grasp the principles of mental disease and the seeming difficult features of diagnosis, differentiation, classification, etc., etc., the didactic course is of first importance, aided and supplemented by thorough text-book instruction. Brower and Bannister, men of high authority with great practical experience and familiarity with mental diseases have in this excellent text-book supplied the needs of the student in the leading principles and facts of mental medicine. The text is comprehensive and free from the metaphysical flights and speculations which, save for the specialist, have impaired the popularity of more pretentious works. The plan and scope of the work is practicality, simplicity, thoroughness and conciseness. It is such a book which the student needs and which the busy practitioner will find convenient for ready reference. The mooted questions of classification are disposed of uniquely in table form, and without controversy; other chapters on special features of insanity are timely and well written. We congratulate the authors, both of whom we know personally, upon the excellence of their work, its timely up-to-date finish and helpful consideration of all of the essential facts of insanity. F. P. N.

The American Year-Book of Medicine and Surgery for 1902. A yearly Digest of Scientific Progress and Authoritative Opinion in all branches of Medicine and Surgery, drawn from journals, monographs and text-books of the leading American and foreign authors and investigators Arranged with critical editorial comments, by eminent American specialists, under the editorial charge of George M. Gould, A.M., M.D. In two volumes: Vol. I., including General Medicine, octavo, 700 pages, illustrated; Vol. II., General Surgery, octavo, 684 pages, illustrated Philadelphia and London: W. B. Saunders & Co., 1902.

The value of the American Year-Book has been attested by the continued patronage given it. The careful compilation and sifting of the literature of the year is a great task, but that the work has been successfully done is evidenced by the two volumes before us; one on "General Medicine" the other on "General Surgery." These volumes while being jointly issued, are sold separately, so that the purchasers may secure either one or both volumes. Every general practitioner should have both volumes, as the resume of the literature found in them covers the field of medicine and surgery. The work is well done, and is indeed a broad review with commentaries on the literature of today. The critical essays by the various authorities contributing to the work give the cream of progress noted during the year. The progressive physician recognizes the need of such a standard work in his library, both for reference and study. We congratulate Dr. Gould and the publishers on the high standard of the annual and its continued prosperity. F. P. N.

The American Illustrated Medical Dictionary For Students and Practitioners.—A new and complete dictionary of the terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry and kindred branches; together with new and elaborate tables of Arteries, Muscles, Nerves, Veins, etc.; of Bacilli, Bacteria, Micrococci, etc.; Eponymic Tables of Diseases, Operations, Signs and Symptoms, Stains, Tests, Methods of Treatment, etc. By W. A. N. Dorland, M.D., Editor of the American Pocket Medical Dictionary. Large octavo, nearly 800 pages, bound in full flexible leather. Second edition revised. (Price, $4.50 net; with thumb index, $5.00 net.)

This is the second edition of Dorland's dictionary. A critical examination of its contents shows it to be the most complete student's dictionary published. We have used it on our desk for a month before passing judgment upon its special features. Of these the first to attract attention is the presence of the new words and terms which have been coined within recent years. Another worthy feature is the arrangement of the numerous tables and illustrations. An illustration (a word-picture) so much to aid a student in grasping the meaning of a word. We believe in illustrations and in tables. The entire arragement of the book is in keeping with the student's needs. It is a study of conciseness, preciseness and time-saving devices for the student and practitioner. The book as a book is worthy of the genius of the publisher; it is flexible, printed in clear, condensed type on durable paper, especially serviceable for a desk manual. We commend it to the student, the practitioner and the medical editor.

F. P. N.

Nothnagel's Encyclopedia of Practical Medicine. American Edition. Variola, Vaccination, Varicella, Cholera, Erysipelas, Whooping Cough, Hay Fever. By H. Immermann, Th. von Jurgensen, C. Liebermeister, H. Lenhartz, G. Sticker. Edited with additions by John William Moore, M.D., F.R.C.P., Dublin. Philadelphia and New York: W. B. Saunders & Co., 1902.

Nothnagel's Encyclopedia in its original German is a classic in internal medicine. The American translation has lost none of the classic features, on the contrary, the infusion of American literary style and editorial precision has broadened its field of usefulness. Stengel deserves great credit for his labors in reproducing this work in English. It is not necessary to comment upon the characteristics of Nothnagel save to say that it is comprehensive and exhaustive, and each of the monographs are literary classics, representative of the present knowledge of the subject under consideration. This volume under the literary and professional guidance of John William Moore, Professor of Practice of Medicine in the Royal College of Surgeons, Dublin, is a translation with additions from the original German of the monographs of Dr. H. Immermann of Basel, on "Variola," and "Vaccination;" of the monograph of Th. von Jurgensen of Tubingen, on "Varicella;" of the monographs of Liebermeister of Tubingen, on "Cholera Asiatica" and "Cholera Nostras;" of Lenhartz of

Hamburg, on "Erysipelas and Erysipeloid;" of Sticker of Giesen, on "Whooping Cough," and "Bostock's Summer Catarrh" (Hay Fever). The editor, Dr. Moore, well says in his preface, "The articles included in this volume treat of a number of diseases which are second to none others in importance, whether regarded from the standpoint of preventive medicine, or as the cause of widespread sickness and death among the peoples which are unfortunate enough to be under their ban." The special features of these monographs are, the comprehensive grasp of the subject with the historic clinical and pathologic, facts stated in precise language; the masterly presentation of the facts of treatment, largely the results of experience, and above all, the realization that both author and editor have worked to produce authoritative monographs which unquestionably are today the best in any language. In order to appreciate the intrinsic worth of each of these monographs one must study them, and thus find the great wealth of information found therein. F. P. N.

Manual of Childbed Nursing With Notes on Infant Feeding. By Charles Jewett, A.M., M.D., Sc. D., Professor of Obstetrics and Diseases of Women in the Long Island College Hospital. Fifth Edition. Revised and enlarged. New York: E. B. Treat & Co., 241 W. 23d street.

Any literary contribution by Jewett is standard, and this work is but another evidence of his attainments in obstetrics. This manual is a concise statement of the principles and practices of child-bed nursing. It was originally prepared for the Training School for Nurses at the Long Island College Hospital, but by reason of its value to mothers, and its continued appreciation by nurses and physicians it has been rewritten and enlarged. Training schools for nurses especially will find it supplies their needs in a very practical manner. The physician, too, will find it a worthy manual to recommend to mothers. It is authoritative and practical, as is true of all of the works of this master of obstetrics. F. P. N.

Minor Surgery and Bandaging. Including Treatment of Fractures and Dislocations, the Ligation of Arteries, Amputation, Resections and Excisions, Operations on Nerves, etc., etc. By Henry R. Wharton, M.D., Professor of Clinical Surgery in the Woman's Medical College of Pennsylvania; Surgeon to the Presbyterian Hospital and Children's Hospital, etc., etc. Fifth edition, revised and enlarged. Philadelphia and New York: Lea Brothers. (Price $3.00.)

In its present edition this popular hand-book has lived up to the reputation established by its predecessors; the practical points it attractively presents will be found of great assistance to the student in connection with the work in clinics and lecture room to the beginner who has not yet come to think himself the highest authority, and to all of us who are constantly needing to brush up. We are especially interested in the chapters dealing

with anesthesia, sepsis and antisepsis, methods of arresting hemorrhage, and that on fractures and dislocations. The volume is splendidly illustrated. If a criticism is pardonable we would suggest that the field of major surgery has been invaded; trephining, intestinal operations and suprapubic lithotomy can hardly be classed with minor surgery. These subjects are so ably handled that we feel that their insertion was fortunate for all readers.

Syphilis—A Symposium. Special contributions by Drs. T. Duncan Bulkley, Follen Cabot, Louis A. Duhring, Prof. Fournier, Eugene Fuller, E. B Gleason, William S. Gottheil, Robert H. Greene, Norman B. Gwyn, Orville Horwitz, Edward L. Keyes, G. Frank Lydston, D. J. McCarthy, Thomas G. Morton, Boardman Reid, A. Robin, J. D. Thomas. Extra cloth, 125 pages. New York: E. B. Treat & Co., 241-243 W. 23d street. (Price $1.00.)

The widespread prevalence of syphilis makes it a disease in which every physician is interested, and there is no danger that too much will be written on the subject. This little volume contains a collection of monographs from the best known of American syphilographers, and a chapter from Fournier of Paris. We know of no better exposition of the subject outside the large works in which it is considered much more in detail. The symposium idea is a good one, it gives us an opportunity to compare opinions and to get at the points where the authorities agree in questions about treatment. We feel that no working library is so complete that it will not be better for the addition of this little volume.

A Story of the Prairie.—The Century Magazine is about to print a serial which will have an especial interest to people who are at home on the prairies. It is called "The Biography of a Prairie Girl," and the author is Eleanor Gates, a young woman who spent her childhood in Dakota and who thus writes from the closest personal observation. The time of Miss Gates's story is about twenty-five years ago; it is put in the form of a personal narrative of the life of a little girl, and there is hardly a phase or event of prairie life which is not touched upon in these pages—the blizzard, breaking colts, horse stealing by Indians, school days on the frontier, fighting gophers and badgers, cattle raising, and other typical phases of hardship or prosperity. It is not a novel, but the same characters appear and reappear in the story with a reality which impresses the reader with confidence in the truth of the narrative. "The Biography of a Prairie Girl" will begin in the August number of The Century and it will be illustrated.

Homeopathic Hospital Admits Regulars.—The McKinley Hospital, of Trenton, formerly strictly homeopathic, now allows any physician to treat his patients there. A number have availed themselves of this opportunity and the hospital bids fair to become popular.

Fortnightlettes

And a Cadaver Brings $15.00 or Less.—An ingenious chemist has estimated that the average human being is worth about $18,300 from the chemical standpoint. His calculations are based on the fact that the human body contains three pounds and thirteen ounces of calcium; and calcium, just now, is worth $300 an ounce.

Christian Science Legal in Switzerland.—As a result of a lawsuit in Zurich, the Supreme Court of the Canton Zurich has rendered a decision, reversing former decisions of the lower courts fining Christian Scientists, which decision virtually places the practice of Christian Science upon a legal authorized footing throughout the Canton.

X-Rays for Leprosy.—The Honolulu Board of Health is soon to institute experiments upon X-rays as a cure for leprosy. It is believed that the X-rays may prove specific in the early stages of the local skin lesions. A physician from the U. S. M.-H. S. and an expert from an Eastern medical college have been invited to attend the experiments.

International Congress of Medicine.—The Fourteenth International Congress of Medicine will be held in Madrid, Spain, from April 23d to 30th, 1903, under the patronage of their Majesties, the King of Spain and the Queen-Mother. The President of the Congress is Professor Julian Callejay Sanchez, the General Secretary is Dr. Angel Fernande-Caro, and the General Treasurer is Professor Jose Gomez Ocana. The preliminary statement of regulations and programme has just been issued, and it announces that members of the Congress will be physicians, pharmacists, dentists, veterinary surgeons, and other persons working at branches of medical science, both Spaniards and foreigners, who have entered their names and paid their subscriptions. Other persons, who possess scientific or professional titles, and who wish to take part in the work of the Congress may share in it under the above conditions. The subscription is thirty pesetas, and this sum must be paid before the opening of the Congress to the General Secretary, Faculty of Medicine, Madrid. A card of membership will be sent to the subscriber. Until March 20th, 1903, subscriptions may be paid to the Secretary of the National Committee of the subscriber, but after that date subscriptions must be paid directly to the General Secretary at Madrid. Members will receive a summary of the proceedings of the Congress, and a full report of the work of the particular section which they join. The official languages of the Congress will be Spanish, French, English, German and Italian. Papers must be sent to the General Secretary before January 1st, 1903, to be certain of a place in the order of business. Papers presented later will be considered after the discussion of those regularly announced. Communications should be accompanied by a short abstract, which will be printed and distributed among the members of the Congress. J. H. Huddleston, Secretary, American Committee, 126 West 85th St., New York City.

In the island of Porto Rico a general vaccination (860,000) was completed on June 20, 1899. Since then, the island has recorded just 3 deaths from smallpox in two years. The average for ten years previous was 629.

It is reported that Mr. J. Pierpont Morgan has given $60,000 for a deaconess home and hospital in connection with St. George's Church, New York. A convalescent hospital with a solarium will occupy the upper portion of the building.

Exclusion of Tuberculous Children from the Public Schools.—The Muench. Med. Woch. announces that the authorities of Meiningen have issued a decree that after October 1 all tuberculous children will be excluded from the public schools.

Death of Dr. Jelks—James Thomas Jelks died at Hot Springs, Ark., June 24, aged 53. Graduating from the University of Nashville, he practised first in Georgia, then in St. Louis, and finally in Hot Springs, becoming one of the most eminent physicians in Arkansas. He occupied the chair of genito-urinary surgery in the College of Physicians and Surgeons from 1883 to 1890, and the chair of gynecology and syphilology in the Barnes Medical College, St. Louis, from 1892 until his death. Dr. Jelks' specialty was venereal diseases. Since 1894 he was editor of the Hot Springs Medical Journal.

Asiatic Cholera.—From March 20th to May 15th, 1005 cases of cholera were reported in Manila, 800 of whom died and 205 recovered. The cases in respect to nationality, deaths and mortality, were divided as follows:

	Cases	Deaths
Filipinos	862	699
Chinese	103	71
Americans	23	18
English	13	10
Europeans and others	4	2

The racial mortality from cholera occurred in the following sequence: Filipinos, Americans, Chinese and Europeans and others. In spite of the rigid quarantine placed around Manila, a large number of cases of cholera escaped from the city and infected pueblos in neighboring provinces. The following is a list of cases reported outside of Manila, with deaths and mortality:

	Cases	Deaths
Pampanga	455	331
Bulacan	411	295
Camarine Sur	521	397
Laguna	25	19
Cavite	13	12
Pangasinan	4	4
Nueva Ecija	6	6
Bataan	832	630
Rizal	451	279

MEDICAL MISCELLANY

Antidote for Formaldehyde.—In view of the fact that this chemical is coming more and more into general use as a disinfectant and antiseptic, cases of poisoning from it will become more frequent. We have an easily accessible and reliable antidote in ammonia water. It may be given in the form of ammonia water (a few drops well diluted) or the aromatic spirit or a solution of ammonium acetate.—*Merck's Archives.*

Pruritus Vulvae.—Pruritus vulvae may be due to a variety of causes, both of local and constitutional origin. Probably the most common is a vaginitis or vulvitis, giving rise to irritation of the nerve filaments, which are laid bare by desquamation of the epithelium over the inflamed area. In this form of pruritus the immediate indication in treatment is to reduce the discharge, which is the primary cause of the distressing itching, and to render it as unirritating as possible by preventing its decomposition. This can be readily done by the use of the Micajah medicated uterine wafer, which is at the same time astringent, antiseptic and alterative. At the beginning it will be best to dissolve a wafer in about a pint of water and use it as an injection. Later as the irritation subsides, the wafer may be inserted every third day. It is always advisable to precede its use by a copious douche of hot water.

Concerning the Treatment of Typhoid Fever (By W. Th. Parker, M. D., Westborough, Mass.)—It is nearly half a century since von Gietl, the learned teacher of medicine in Munich, defined typhoid fever as "a specific putrid intoxication disease, which is composed of a chain of diseased prcesses which are dependent upon one another, but which do not retain a regularity either in number or in succession. Its local effect is a catarrh of the alimentary canal, the farther and peculiar result a swelling of the glandular apparatus, as well of the mesentery as the mucous membrane of the intestines, exfoliation and ulceration generally follow—the final effects being mortification in all degrees. Probably no disease has received more painstaking investigation, and in consequence of the great advancement made in its treatment the mortality has been remarkably reduced. Von Gietl's students, Lindmerm, Leebermiester and von Ziemssen, have in turn taught the necessity of intestinal antisepsis. It is the same old story of the recognized cause, yet the method of removal of the cause is still the stumbling-block. Modern methods in the treatment of typhoid are directed toward attaining the object which von Gietl so intelligently recognized when he taught that "typhoid fever is a putrid infection." It is not difficult for any one to recognize this fact who has had experience with the penetrating odor characteristic of a typical case of typhoid. "There is perhaps no disease which requires more constant attention, patient watching and real hard work than the treatment of a typhoid fever patient" (Norbury). The many anxious days, the long hours of vigil, require our best efforts. We seek to sustain and to hold the fever in check, but how often the very source of the trouble seems utterly beyond our

reach. It is like a fire in the hold of a mighty steamer; we know where it is, but how can we put it out? Intestinal antisepsis is the urgent requirement. We have, then, three principal objects to attain if we would save our patient's life: I. We must make an attempt to disinfect the alimentary canal throughout its entire length—we must conquer the putrid infection. II. We must reduce the febrile condition by hydrotherapy or by the uncertain and often dangerous action of medicines. III. We must sustain the patient. In the general hospital in Munich the sustaining treatment consists in the use of red wine, milk and beef essence, alternately at intervals of two or three hours. The hydrotherapy is provided for in the bath given usually in tub, 60 deg. to 70 deg. F., not colder. When for any reason the bath in the tub is not advisable, thorough cold sponging in the afternoon or evening is indispensable. A light ice cap of ice water and not too much ice is to be employed in every case. This cap should be suspended just above the patient's head so that it barely touches it; not laid upon the head, which is oftentimes very useless and even injurious. The ice cap should be of pure gum and suspended above the head by a cord. It should be emptied and refilled every four hours, or oftener if required. This application is of great value. In Munich great care is given to changing the position of the patient from back to right side, then to back and then to left side. The hygiene of the bed-room and the bed deserves all the care a really trained nurse can devote to it. The attainment of intestinal antisepsis is more difficult. What we need to accomplish is to make use of a remedy which is capable of changing the diseased condition of the intestines into a normal condition, to put out the fire, to remove the cause, heal the ulcerated intestines and to neutralize the poisonous action of the contents of the bowels. Many remedies have been employed to accomplish this most urgent demand—remedies by the mouth and by injection. The latest preparation which we have for this purpose is iodomuth. This is a trade name for the chemical product bismuthoxyiodidmethylenedigallate. It is a new preparation of bismuth containing about 25 per cent of iodine in a permanent and unirritating form, being a reddish-brown impalpable powder that is both odorless and tasteless. The physiological action of iodomuth is that of an alterative and stimulating antiseptic, possessing desiccating, deodorizing and sedative properties. As an alterative and stimulating antispetic, being without odor, it is much superior to iodoform in its wide field of usefulness. The deodorizing and sedative properties make it very valuable in the treatment of catarrhal and ulcerative conditions, more especially of the stomach and intestines. It will be seen that we have now the very remedy we have sought for so long. A remedy gentle enough to be harmless and powerful enough to meet and overcome the dangerous conditions lurking to spring into action and undo all that the patient has won in his battle for life. Iodomuth is therefore the best intestinal antiseptic for use in typhoid. It is peculiarly suitable in the damaged condition of the intestines and for the treatment of the ulcerations and hemorrhages which threaten to engulf the patient's existence. With such a preparation we ought to be able to still further lessen the mortality from typhoid fever.—*Med. News.*